

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <div style="border-bottom: 1px solid black; padding: 2px;">09785084</div>	FILING DATE <div style="border-bottom: 1px solid black; padding: 2px;">02-20-01</div>			
							APPLICANT(S)				
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.		IND.
1	/						51				
2		/					52				
3		/					53				
4		/					54				
5		/					55				
6		/					56				
7		/					57				
8		/					58				
9	/						59				
10		/					60				
11		/					61				
12		/					62				
13		/					63				
14		/					64				
15		/					65				
16		/					66				
17		/					67				
18		/					68				
19	/						69	/			
20		/					70				
21	/						71				
22		/					72				
23		/					73				
24		/					74				
25	/						75				
26		/					76				
27		/					77				
28		/					78				
29		/					79				
30	/						80				
31		/					81				
32		/					82				
33		/					83				
34		/					84				
35							85				
36							86				
37							87				
38							88				
39							89				
40							90				
41							91				
42							92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.	6						TOTAL IND.				
TOTAL DEP.	28						TOTAL DEP.				
TOTAL CLAIMS	34						TOTAL CLAIMS				